

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>In re application of:</b>	McDonald, Thomas
<b>Serial No.:</b>	<del>CNTR.062</del> <i>HERE WITH</i>
<b>Filing Date:</b>	<i>HERE WITH</i>
<b>Docket:</b>	CNTR.2144
<b>Title:</b>	APPARATUS AND METHOD FOR RESOLVING DEADLOCK FETCH CONDITIONS INVOLVING BRANCH TARGET ADDRESS CACHE

## DECLARATION AND POWER OF ATTORNEY

Assistant Commissioner for Patents  
Washington, D.C. 20231

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention referenced above, the specification of which is ☒ attached hereto, or ☐ was filed on and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Practitioners at Customer Number



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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Inventor's Name:	Residence and Mailing Address:	Citizenship:	Signature	Date
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